

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215541367				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Troxell Communications, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2015</p> <p>SCC ID NO: F1727231</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>3,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	3,000
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COMMON	3,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 4675 E. Cotton Center Blvd Suite 155</p> <p style="text-align: center;">CITY/ST/ZIP: PHOENIX, AZ 85040</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL RUPRICH TITLE: PRESIDENT ADDRESS: 10 WOODSTOCK AVE CITY/ST/ZIP/CO: CLARENDON HILLS, IL 60514 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MICHAEL RUPRICH TITLE: PRESIDENT ADDRESS: 10 WOODSTOCK AVE CITY/ST/ZIP/CO: CLARENDON HILLS, IL 60514	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME:	JOHN COZZI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	450 KIMBALL TURN		
CITY/ST/ZIP/CO:	WESTFIELD, NJ 07090		
NAME:	GREGORY HARPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	410 EAST 50TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		
NAME:	ALAN WILKINSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	993 FIFTH AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10028		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MICHAEL FABIO	MICHAEL FABIO, VP FIN/TREAS	11/11/2015	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			